Now, do my colleagues think it is appropriate for someone who is a taxpayer, who is a hard-working American, who is a Catholic to go out and take their taxpayer money to pay for a portrait to be exhibited of the Virgin Mary with crap thrown all over it? Of course it is not. It is as offensive to the Catholics as it is displaying a Nazi symbol by taxpayer dollars would be to the Jewish community, or as it would be of putting a portrait of Martin Luther King with crap thrown all over it to the black community.

to the black community.

It is out of place. It is unjustified.
And it is totally, totally inappropriate for the use of taxpayers' dollars for

that kind of art.

Now, that is not an issue of the first amendment. Nobody has said that they cannot display that type of art, although, frankly, I think they are somewhat sick in the mind when they do. But no one has said that they are banned from displaying that type of art

Instead, what we have said is they should not use taxpayers' dollars to fund that kind of art. This museum, with a great deal of pride, had their first showing this weekend; and today they announced with great excitement, and I hope it makes my liberal Democrats happy, they announced with great excitement how successful that show is.

Well, in their hearts, they know it is wrong. They know it is wrong to do what they have done with taxpayer dollars. And in the end, we will win. We will keep the rights under the First Amendment and we will disallow taxpayer dollars from being used for that kind of art exhibit in New York City.

I hope my colleagues reconsider, but I know that their egos probably will not. So I hope that all my colleagues and their constituents remember that they do not have to and they should not be forced to pay with taxpayer dollars an art exhibit such as the one displaying the Virgin Mary with crap thrown all over it. Our country is greater than that, and our country stands for a lot more than that.

REPORT ON RESOLUTION PRO-VIDING FOR CONSIDERATION OF H.R. 764, CHILD ABUSE PREVEN-TION AND ENFORCEMENT ACT OF 1999

Mr. DREIER, from the Committee on Rules, submitted a privileged report (Rept. No. 106-363) on the resolution (H. Res. 321) providing for consideration of the bill (H.R. 764) to reduce the incidence of child abuse and neglect, and for other purposes, which was referred to the House Calendar and ordered to be printed.

The SPEAKER pro tempore. Under a previous order of the House, the gentle-woman from California (Ms. WATERS) is recognized for 5 minutes.

(Ms. WATERS addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.) COMMUNICATION FROM THE COM-MITTEE ON THE BUDGET: REVI-SIONS TO ALLOCATION FOR HOUSE COMMITTEE ON APPRO-PRIATIONS PURSUANT TO HOUSE REPORT 106-288

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Ohio (Mr. KASICH) is recognized for 5 minutes.

Mr. KASICH. Mr. Speaker, pursuant to Sec. 314 of the Congressional Budget Act, I hereby submit for printing in the CONGRESSIONAL RECORD revisions to the allocation for the House Committee on Appropriations pursuant to House Report 106–288 to reflect \$8,699,000,000 in additional new budget authority and \$8,282,000,000 in additional outlays for emergencies. This will increase the allocation to the House Committee on Appropriations to \$551,899,000,000 in budget authority and \$590,760,000,000 in outlays for fiscal year 2000.

As reported to the House, H.R. 1906, the conference report accompanying the bill making appropriations for Agriculture, Rural Development, Food and Drug Administration, and Related Agencies for fiscal year 2000, includes \$8,699,000,000 in budget authority and \$8,282,000,000 in outlays for emergencies.

These adjustments shall apply while the legislation is under consideration and shall take effect upon final enactment of the legislation.

Questions may be directed to Art Sauer or Jim Bates at x6–7270.

## HEALTH CARE REFORM: TREAT THE CAUSE, NOT THE SYMPTOM

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Texas (Mr. PAUL) is recognized for 5 minutes.

Mr. PAUL. Mr. Speaker, as an M.D. I know that when I advise on medical legislation that I may be tempted to allow my emotional experience as a physician to influence my views. But, nevertheless, I am acting the role as legislator and politician.

The M.D. degree grants no wisdom as to the correct solution to our managed-care mess. The most efficient manner to deliver medical services, as it is with all goods and services, is determined by the degree the market is allowed to operate. Economic principles determine efficiencies of markets, even the medical care market, not our emotional experiences dealing with managed care.

Contrary to the claims of many advocates of increased government regulation of health care, the problems with the health care system do not represent market failure. Rather, they represent the failure of government policies which have destroyed the health care market.

In today's system, it appears on the surface that the interest of the patient is in conflict with the rights of the insurance companies and the Health Maintenance Organizations. In a free market, this cannot happen. Everyone's rights are equal and agreements on delivering services of any kind are

entered into voluntarily, thus satisfying both sides.

Only true competition assures that the consumer gets the best deal at the best price possible by putting pressure on the providers. Once one side is given a legislative advantage in an artificial system, as it is in managed care, trying to balance government-dictated advantages between patient and HMOs is impossible. The differences cannot be reconciled by more government mandates, which will only make the problem worse. Because we are trying to patch up an unworkable system, the impasse in Congress should not be a surprise.

No one can take a back seat to me regarding the disdain I hold for the HMO's role in managed care. This entire unnecessary level of corporatism that rakes off profits and undermines care is a creature of government interference in health care. These non-market institutions and government could have only gained control over medical care through a collusion through organized medicine, politicians, and the HMO profiteers in an effort to provide universal health care. No one suggests that we should have universal food, housing, TV, computer and automobile programs; and yet, many of the poor do much better getting these services through the marketplace as prices are driven down through competition.

We all should become suspicious when it is declared we need a new Bill of Rights, such as a taxpayers' bill of rights, or now a patients' bill of rights. Why do more Members not ask why the original Bill of Rights is not adequate in protecting all rights and enabling the market to provide all services? If over the last 50 years we had had a lot more respect for property rights, voluntary contracts, State jurisdiction, and respect for free markets, we would not have the mess we are facing today in providing medical care.

The power of special interests influencing government policy has brought us to this managed-care monster. If we pursued a course of more government management in an effort to balance things, we are destined to make the system much worse. If government mismanagement in an area that the Government should not be managing at all is the problem, another level of bureaucracy, no matter how well intended, cannot be helpful. The law of unintended consequences will prevail and the principle of government control over providing a service will be further entrenched in the Nation's psyche. The choice in actuality is government-provided medical care and its inevitable mismanagement or medical care provided by a market economy.

Partial government involvement is not possible. It inevitably leads to total government control. Plans for all the so-called patients' bill of rights are 100 percent endorsement of a principle of government management and will greatly expand government involvement even if the intention is to limit government management of the health